

12-13-04
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Julie Lange	(Depositor's name)
<i>[Signature]</i>	(Signature)
10 December 2004	(Date)



32658 7590 09/28/2004

HOGAN & HARTSON LLP
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12/15/2004 RWLDG2 0000092 09605794

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/605,794	06/27/2000	Osman Abdoul Ismael	P2651C	6721

TITLE OF INVENTION: REMOTE OBJECT ACCESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330 1370 1400	\$0	\$1330 1370 1400	12/28/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BULLOCK JR, LEWIS ALEXANDER	2126	709-310000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kent A. Lembke
 2 William J. Kubida
 3 Hogan & Hartson LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: **Sun Microsystems, Inc.**
 (B) RESIDENCE: (CITY and STATE OR COUNTRY) **Palo Alto, California**

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:
 Issue Fee
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 A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1123 **to any deficiencies** (attach an extra copy of this form).

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Authorized Signature *[Signature]*
 Typed or printed name William J. Kubida

Date 10 December 2004
 Registration No. 29,664

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